

ARTICLE 5

SECTION 5

MEDICALLY INDIGENT LINKAGE

1. GENERAL

This section reviews eligibility requirements for Medically Indigent Linkage. Adults, age 21 through 64, who do not meet linkage requirements to the Medically Indigent program or who do not have any other linkage may apply for medical benefits under the County Medical Services program (CMS). Eligibility requirements for CMS are in MPG Article A.

MEM 50251

2. CRITERIA

A. Persons Under 21 Years

Persons under 21 years of age will have eligibility determined under the Medically Indigent category if they meet any of the following criteria:

- 1) A person who cannot meet the Medi-Cal eligibility requirements as a PA or Other PA recipient, an MN person, or an MN family member; or
- 2) A person who is not an MN family member because of the exclusion of a child from the MFBU; or
- 3) A child who is not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part, i.e., Foster Care, etc.; or
- 4) A child receiving assistance under Aid for Adoption of Children (AAC) program; or
- 5) A child who is not eligible as an AFDC-MN person because the child is not living with a relative; or
- 6) A person under 21 years of age who can qualify as an MN blind or disabled person but chooses to apply as an MI person. The choice may be made by a person acting on behalf of the person under 21 years of age.

B. Persons Age 21 Years or Older

Persons age 21 years of age or older will have eligibility determined under the Medically Indigent category if they are all of the following:

- 1) Under age 65; and
- 2) Unable to meet the eligibility requirements as PA or Other PA recipient, an MN person, or an MN family member; and

- 3) Pregnant or residing in a skilled nursing or intermediate care facility.

C. Eligibility Factors

- 1) To be eligible under this category, the persons listed in items 2.A.1), 2), 5), 6), and 2.B. above must meet the property, citizenship, alien status, residence, institutional status and cooperation requirements specified in the regulations. If determined eligible they must also meet the income and share-of-cost requirements.
- 2) Children specified in item 2.A.3) above will be eligible and certified for Medi-Cal:
 - a) On the basis of the information provided by the public agency on Form MC 250; and
 - b) Without considering the property or income of the child or the child's parents.
- 3) Children specified in item 2.A.4) above will be eligible and certified for Medi-Cal without any additional determinations by the worker.

D. Age Determination

For purposes of this section, persons are considered 21 years of age on the first day of the month following the month they become 21.

E. Limited Services for Medically Indigent Adults in LTC
(Aid Code 53)

MEM
Proc. 19C

- 1) A Medically Indigent Adult (MIA) who is a resident of a skilled nursing facility or intermediate care facility is entitled to all benefits normally covered by Medi-Cal under Aid Code 53. If the MIA becomes an inpatient at an acute care hospital, any service rendered during that hospital stay will not be covered by Medi-Cal. The client will need to be referred to CMS for those services not covered by Medi-Cal.
- 2) A MIA beneficiary may have concurrent Aid Code 53. Medi-Cal coverage and CMS in any month in which medical services were received in an LTC facility and an acute care hospital.
- 3) If a disability evaluation is later approved, Aid Code 53 should be changed to a disabled aid code.
- 4) Retroactive Eligibility - MIAs may be eligible for retroactive Aid Code 53 Medi-Cal if both of the following conditions are met:
 - a) The MIA was in LTC for at least one day during the month of application; and
 - b) The MIA was in LTC for at least one day during each retroactive month for which Medi-Cal is requested.

- 5) MIA aliens are eligible to Aid Code 53 if they are otherwise eligible, are in a LTC facility when they apply for Medi-Cal benefits and claim to have SIS or request a PRUCOL determination.

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If proof of satisfactory immigration status (SIS) is not provided within 30 days, he/she must have their benefits reduced, with timely notice to Aid Code 58 for restricted services. For individuals who have requested a PRUCOL determination, receipt of the completed MC 845 form is considered acceptable documentation of SIS pending an INS PRUCOL determination. (Article 7, Section 1 Items 4 and 5)

If an undocumented alien does not wish to initiate or pursue the PRUCOL process, he/she would only be eligible for Aid Code 58 restricted services and would not be eligible for LTC services.